


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Human Services
Center For Child and Family Health
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MEMORANDUM

TO: Gilson DaSilva (BCBSRI)
Melinda Tobin (NHPRI)
Patrice Cooper (UHCNE)

FROM: Deborah Florio (Administrator, CCFH) 

SUBJECT: Authorization of NICU Admissions

DATE: 10/13/2009

Attached, please find the Policy Clarification regarding Authorization of NICU Admissions that was forwarded to the Rite Care Health Plans on June 30, 2005. These Guidelines have not changed and remain in full effect.

Specific questions have been raised regarding the financial responsibility for ECMO services. These services have been and will continue to be the financial responsibility of the Rite Care Health Plans.

Questions regarding this memo should be directed to your health plan liaison. Thank you for your continued commitment to providing quality health care to Medicaid beneficiaries in Rhode Island.

cc: Lissa DiMauro
Rick Jacobsen
John Andrews
Alison Croke
Jim Gaito
Holly Garvey
Robyn Hoffmann
Bill McQuade
Ken Stewart

MEMORANDUM

June 30, 2005

To: Patrice Cooper (UHC)
Gilson DaSilva (BCBS).
Ron Barnett (NHPRI)

From: Tricia Leddy
Administrator, Center for Child and Family Health

Subject: Policy Clarification: Authorization of NICU Admissions

Rite Care Health Plans are not at financial risk for and, therefore, not responsible for, managing the utilization and cost of newborns/infants who are Rite Care enrollees admitted to the neonatal intensive care unit (NICU) at Women and Infants' Hospital (W&I). It should be noted that Rite Care Health Plans are at risk for and, therefore, responsible for managing the utilization and cost of newborns/infants who are Rite Care enrollees admitted to Kent Hospital's Level II nursery or other area NICUs. If a newborn/infant who is a Rite Care enrollee is transferred from the NICU at W&I to another unit at W&I, Rite Care Health Plans become financially responsible for the newborn/infant when the transfer is effectuated.

In cases where DHS is expected to assume financial responsibility for a neonatal intensive care unit (NICU) admission to Women & Infants' Hospital (W&I), DHS or its contracted utilization management entity (Qualidigm) must pre-authorize admissions or transfers to the W&I NICU. DHS assumes the risk; therefore, we must control the process. If a Health Plan authorizes an admission to the W&I NICU without prior authorization from Qualidigm, the Health Plan must assume financial responsibility for that infant through discharge from the NICU.

The attached *NICU Carve-Out Guidance* was established to help identify the financially responsible entity. It has been updated to reflect the above clarification. Health Plans are expected to adhere to these guidelines.

Please communicate this information within your organization as appropriate.

If you have any questions concerning this policy clarification, please contact Janine Zuromski at 462-2489.

Cc: Deborah Florio
Lissa DiMauro
Rick Jacobsen
Murray Brown,
Renee Rulin, MD
Janine Zuromski
Maureen Holland

CENTER FOR CHILD AND FAMILY HEALTH WOMEN AND INFANTS HOSPITAL NICU CARE OUT GUIDANCE FOR RITE CARE MEDICALLY NECESSARY NICU ADMISSIONS			
Delivery Facility/Nursery	Situation	UR Contact for W&I	Financial Responsibility
1. W&I/NICU	Delivery at W&I with admission to W&I NICU	Qualidigm	Medicaid Fee-for-Service (NICU Inpatient Stay Only)
2. W&I/NICU	Delivery at W&I with admission to W&I NICU, and discharge to RIH (Hasbro), Boston Children's, or Mass General (surgical, cardiac or ECMO) with readmission to W&I NICU after treatment	Qualidigm	Medicaid Fee-for-Service (NICU Inpatient Stays Only)
3. Non-W&I Delivery	Delivery at non-W&I facility with direct admission to W&I NICU	Qualidigm	Medicaid Fee-for-Service (NICU Inpatient Stay Only)
4. Non-W&I Delivery	Delivery at non-W&I facility with direct admission to W&I NICU and discharge to RIH (Hasbro), Boston Children's or Mass General (surgical, cardiac or ECMO) with readmission to W&I NICU after treatment	Qualidigm	Medicaid Fee-for-Service (NICU Inpatient Stays Only)
5. W&I/Normal Newborn	Transfer from W&I Normal Newborn Nursery to W&I NICU	Qualidigm	Medicaid Fee-for-Service (NICU Inpatient Stay Only)
6. W&I/NICU	Admission to W&I NICU from home after discharge from W&I NICU	Health Plan	RIte Care Health Plan
7. W&I/Normal Newborn	Admission to W&I NICU from home after discharge from W&I Normal Newborn Nursery	Health Plan	RIte Care Health Plan
8. Non-W&I Delivery Tertiary Hospital w/NICU	Admission to non-W&I Level 2 Nursery (with or without subsequent W&I NICU)	Health Plan	RIte Care Health Plan
9. Non-W&I Delivery	Admission to W&I NICU from home following delivery at and discharge from non-W&I facility	Health Plan	RIte Care Health Plan
10. Non-W&I Delivery	Discharge from tertiary hospital (Non W&I) NICU with admission to W&I for continued care	Health Plan	RIte Care Health Plan

- A. Commercial insurers with financial responsibility on the day of admission have financial responsibility for the entire inpatient stay
- B. RIte Care Health Plans are responsible for case management and reimbursement of all other admissions not specifically identified as the responsibility of Medical Assistance (above)
- C. **RIte Care Health Plans are responsible for all clinical arrangements and support services required by the newborn following discharge from the NICU at W&I**
- D. Per W&I policies and procedures, when an uninsured patient is admitted, a W&I Financial Consultant will immediately consult with the DHS Neonatal Nurse Case Manager and facilitate application for RIte Care or SSI for the newborn, as appropriate and necessary

6/22/01

**WOMEN AND INFANTS' NICU CARVEOUT
GUIDANCE FOR RITE CARE MEDICALLY
NECESSARY NICU ADMISSIONS**

WOMEN AND INFANTS' NICU CARVEOUT GUIDANCE FOR RITE CARE MEDICALLY NECESSARY NICU ADMISSIONS

-NICU SCENARIO EXAMPLES-

Scenario One

Baby Stephanie was delivered at W&I at 26 weeks gestation and was admitted to the W&I NICU immediately following delivery. She was discharged to home 9 weeks later.

Financial Responsibility

- Admission to W&I NICU – Medicaid Fee-for-Service

Scenario Two-A

Baby Ben was delivered at W&I at 41 weeks and admitted to the W&I NICU with a diagnosis of Meconium Aspiration. Thirty-six hours later he was transferred to Mass General for ECMO and discharged to home 17 days later.

Financial Responsibility

- Admission to W&I NICU– Medicaid Fee-for-Service
- Admission to Mass General – Rite Care Health Plan

Scenario Two-B

Baby Angela was delivered at W&I at 28 weeks gestation and admitted to W&I NICU with a diagnosis of Transposition of Great Vessels. Forty-eight hours later, she was transferred to Boston Children's for cardiac surgery and was subsequently discharged to W&I NICU 15 days post-op. Angela was discharged from W&I NICU to home 10 weeks later.

Financial Responsibility

- Admission to W&I NICU– Medicaid Fee-for-Service
- Admission to Boston Children's Hospital – Rite Care Health Plan
- Re-admission to W&I NICU– Medicaid Fee-for-Service

Scenario Two-C

Baby Mark was delivered at W&I at 30 weeks gestation and admitted to W&I NICU with a diagnosis of Pyloric Stenosis. Twenty-four hours later he was admitted to RIH (Hasbro) for surgery, kept in PICU overnight following surgery and re-admitted to W&I NICU the next day. Mark was discharged from W&I NICU to home 6 weeks later.

Financial Responsibility

- Admission to W&I NICU– Medicaid Fee-for-Service
- Admission to RIH (Hasbro) PICU– Rite Care Health Plan
- Re-admission to W&I NICU– Medicaid Fee-for-Service

Scenario Two-D

Baby Deb was delivered at W&I at 36 weeks gestation and admitted to W&I NICU with a diagnosis of Pyloric Stenosis. Twenty-four hours later she was transferred to RIH (Hasbro) for surgery and admitted to RIH (Hasbro) PICU. Deb was discharged from RIH (Hasbro) to home 1 week later.

Financial Responsibility

- Admission to W&I NICU– Medicaid Fee-for-Service
- Admission to RIH (Hasbro) PICU– Rite Care Health Plan

Scenario Three

Baby Joan was delivered at Landmark Hospital at 26 weeks gestation and immediately admitted to W&I NICU for care. She was discharged from W&I NICU to home 10 weeks later.

Financial Responsibility

- Admission to W&I NICU – Medicaid Fee-for-Service

Scenario Four

Baby Andrew was delivered at Sturdy Memorial via emergency Caesarean section at 32 weeks gestation, due to abruptio placenta. Andrew was diagnosed with Extrophy of the Bladder and transferred from Sturdy Level 1 Nursery to W&I NICU for congenital anomaly workup and care. The following day, at 48 hours of age, Andrew was transferred to RIH (Hasbro) PICU under Pediatric Urology for surgical intervention. Following surgery, Andrew was readmitted to W&I NICU and discharged to home at 35 weeks.

Financial Responsibility

- Admission to Sturdy – Rite Care Health Plan
- Admission to W&I NICU – Medicaid Fee-for-Service
- Admission to RIH (Hasbro) PICU– Rite Care Health Plan
- Re-admission to W&I NICU – Medicaid Fee-for-Service

Scenario Five

Baby Luke was delivered at W&I at 39 weeks gestation by Caesarean section and admitted to Normal Newborn Nursery. At six hours of age, infant presented with G/R/F (Grunting, Retracting and Flaring) and temperature instability. Luke was transferred from Normal Newborn Nursery to NICU to R/O Sepsis vs. Pneumonia. Infant stabilized in 48 hours tolerating full feeds, with negative workup. He was transferred back to Normal Newborn Nursery and discharged to home with mother on the 4th day of life.

Financial Responsibility

- Admission to Normal Newborn Nursery – Rite Care Health Plan
- Admission to W&I NICU - Medicaid Fee-for-Service
- Readmission to Normal Newborn Nursery - Rite Care Health Plan

Scenario Six

Baby Helena was delivered at W&I at 31 weeks gestation and admitted to W&I NICU for care. She was discharged to home 5 weeks later. Within 48 hours of discharge, she became febrile and dehydrated and was readmitted to W&I NICU. She was discharged to home 7 days later.

Financial Responsibility

- Admission to W&I NICU – Medicaid Fee-for-Service
- Re-admission to W&I NICU – Rite Care Health Plan

Scenario Seven-A

Baby Travis was delivered full-term at W&I, admitted to the Normal Newborn Nursery and discharged to home at 48 hours.

Travis was readmitted to W&I NICU later on the day of discharge for post-circumcision bleeding complications and diagnosed with Factor VIII deficiency. Travis was discharged to home 2 days later.

Financial Responsibility

- Admission to Normal Newborn Nursery – Rite Care Health Plan
- Admission to W&I NICU – Rite Care Health Plan

Scenario Seven-B

Baby Luis was delivered at W&I, admitted to the Normal Newborn Nursery, and discharged to home 2 days later. Post-discharge, Luis' mother was notified by W&I that Luis had positive blood work requiring 14 days of IV antibiotics for treatment of syphilis. Luis was admitted to W&I NICU and discharged 15 days later.

Financial Responsibility

- Admission to Normal Newborn Nursery – Rite Care Health Plan
- Admission to W&I NICU – Rite Care Health Plan

Scenario Eight

Baby Roscoe delivered at St. Margaret's in Dorchester, MA (mother's employer) at 30 weeks gestation and was admitted to St. Margaret's NICU. At 36 weeks, Roscoe was stable with some spells with feeding and diagnosed with GERD (Gastroesophageal Reflux Disorder); treatment was trial of medications and O₂ with feeding.

Parents, who live in Providence, requested Roscoe's transfer to W&I NICU and the Rite Care Health Plan authorized the transfer. Roscoe was admitted to W&I NICU for 3 weeks and discharged to home.

Financial Responsibility

- Admission to St. Margaret's NICU – RItE Care Health Plan
- Admission to W&I NICU – RItE Care Health Plan

Scenario Nine

Baby Moe was delivered at Newport Hospital and discharged from the Normal Newborn Nursery to home with a slight tinge of jaundice. On 3rd day of life, her mother notified the pediatrician of increasing jaundice. Blood work was ordered and drawn, with an elevated Bilirubin of 20.6.

Moe was admitted to W&I NICU for triple banking phototherapy, IV hydration and R/O Rh Incompatibility.

Financial Responsibility

- Admission to Newport Hospital Normal Newborn Nursery – RItE Care Health Plan
- Admission to W&I NICU – RItE Care Health Plan

Scenario Ten (not on NICU Carveout Guidance Matrix)

Baby Joshua delivered at W&I to an uninsured mother who did not seek or receive any prenatal care. Infant was irritable and jittery; blood work for mother and infant was positive for cocaine, resulting in infant's transfer from Normal Newborn Nursery to NICU on Day 2 of life for neurological evaluation, close clinical observation, IV hydration and DTO. W&I NICU Social Services facilitated RItE Care application the day after Joshua was born. PRE was filed to DCYF by Neonatal Team and Physician, resulting in DCYF involvement and a 72-hour hold.

On Day 5, Joshua was transferred back to Normal Newborn Nursery for continued DTO, Finnegan's score monitoring and normal newborn care. Mother was discharged to Starbirth, where Joshua joined her upon his own discharge on Day 32.

Meanwhile, the family's RItE Care application was received and approved by DHS within the same month, with Medical Assistance coverage from date of birth until the Health Plan's effective date.

Financial Responsibility

- Admission to Normal Newborn Nursery – Medicaid Fee-for-Service
- Admission to W&I NICU – Medicaid Fee-for-Service
- Readmission to Normal Newborn Nursery – Medicaid Fee-for-Service until RItE Care Health Plan effective date then RItE Care Health Plan